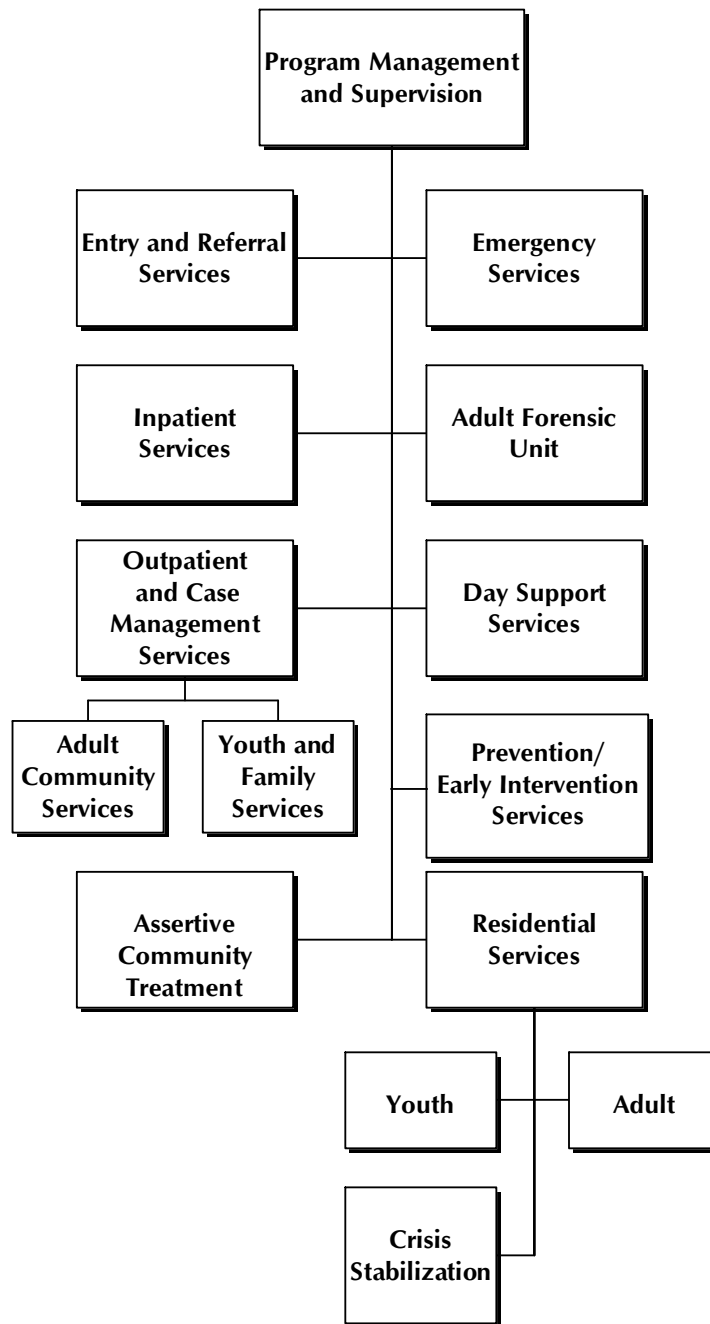


Fund 106

Community Services Board (CSB) - Mental Health Services



Fund 106

Community Services Board (CSB) - Mental Health Services

Mission

In partnership with the residents and service providers of Fairfax County and the cities of Fairfax and Falls Church, we will have a network of integrated and accessible mental health services that will ensure safety, promote wellness, compassion, respect and dignity for individuals and families. The goals of these services are to assist consumers to:

- ◆ Stabilize mental health crises and symptoms;
- ◆ Maintain functioning in the community with the least restrictive setting;
- ◆ Prevent relapse of symptoms; and
- ◆ Acquire adaptive living skills.

And, working together we will educate the community and human services network so that they may participate in the prevention and treatment of mental illness.

All of this requires careful stewardship through managing, supervising, planning, evaluating and allocating resources of the directly-operated and contractual mental health programs of the CSB and collaborating with agencies, consumers and advocates. We will hold ourselves accountable by the use of performance measures to demonstrate the effectiveness of our service delivery and to guide us to change elements of service delivery when outcome measures indicate that need.

Focus

Mental Health Services provides leadership in the management, supervision, planning, evaluation and resource allocation of local, state, federal and grant funds to ensure that consumers and families of persons with serious mental illness, and serious emotional disturbance receive quality clinical and community support services. Mental Health Services is responsible for managing service delivery at seven directly-operated community mental health sites, over fifteen 24-hour residential treatment facilities, and a 24-hour emergency services program, as well as overseeing contracted mental health services provided by private vendors. Services are provided through eight cost centers: Program Management and Supervision, Inpatient, Emergency, Day Support, Residential, Outpatient and Case Management, Assertive Community Treatment and Early Intervention.

While Program Management and Supervision Services provides management, programming, financial monitoring, training and general support services, the remaining seven cost centers provide directly-operated and contracted mental health services to clients. For instance, Inpatient Services includes an acute care inpatient psychiatric bed at Inova's Mount Vernon Hospital for CSB patients who are medically indigent, as well as provides service coordination and discharge planning for those patients able to be treated in a less-restrictive environment.

Emergency Services includes several units serving adults, adolescents and children who are actively suicidal, acutely homicidal due to mental illness or so mentally ill and unable to care for themselves that their lives are in jeopardy. Through emergency walk-in sites and through the Mobile Crisis Unit, Emergency Services takes crisis intervention into the community. Working closely with public safety agencies, the Mobile Crisis Unit includes a 24-hour-per-day rapid deployment team that responds to hostage/barricade incidents with the SWAT team and police negotiators. The Adult Forensic Unit addresses the needs of Adult Detention Center inmates who have serious mental illnesses by providing forensic evaluations, risk screenings, crisis intervention, placement recommendations and medication, and release planning. The Court Independent Evaluators Program provides clinical psychologists to independently evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing and to assist the court in making such determinations, as required by the Code of Virginia. The Entry and Referral Unit serves as the primary point of contact for individuals seeking services. Staff members gather information from callers, assess for immediate risk issues, connect anyone with emergency needs to immediate care, and set up intake appointments for those requiring longer term services.

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For those not in crisis situations, Day Support Services provides an intensive, highly-structured stabilization, evaluation and treatment setting for adults with serious mental illness and adolescents with serious emotional disturbance, including those who are dually diagnosed. In addition to a directly-operated Comprehensive Day Treatment program, Day Support includes contracted all-day rehabilitative programs which place special emphasis on vocational preparation and placement.

For those requiring more support, Residential Services provides residential treatment and support services to adults with serious mental illness and youth with serious emotional disturbance. In addition to traditional residential services, Residential Services includes two acute care programs seeking to divert individuals from more restrictive and costly psychiatric hospitalization. These programs, Adult Crisis Care and Youth Crisis Care, provide short-term intensive crisis intervention and stabilization services in a residential setting. Likewise, the Women's Shelter is a short-term confidential crisis program providing crisis intervention, counseling and case management services for victims of domestic abuse and their children.

Outpatient and Case Management provides an array of treatment services including individual and group therapy and medication management to adults, children and their families who are able to access customary outpatient mental health services. For those individuals with symptoms and impairments who, for reasons related to their mental illness, resist or avoid involvement with traditional office-based outpatient services, the Program for Assertive Community Treatment (PACT) Team offers intensive outreach and mental health treatment services for individuals in their homes, work places or other environment of need. Lastly, Early Intervention provides consultation to community agencies, the public and other providers through Grief Counseling Services, the Victim Assistance Network Program and the ADAPT anger management program.

Trends

A number of clinical practice and policy trends will shape the way mental health services are delivered over the next decade. Most of these trends are likely to result in improved clinical care, improved outcomes for clients and improved allocation of public resources. For instance, the recovery philosophy which asserts that individuals with mental illness can recover and are responsible for the solution, not the problem, is becoming increasingly prominent at the local, state and federal levels. As a result, attempts to design or redesign services to improve treatment outcomes increasingly include input from consumers and their families and focus on the "whole person", not just the symptoms of mental illness. In addition, services seek to reduce the stigma associated with mental illness, protect consumer rights and respect diversity.

In addition, the trend in community mental health toward evidence-based practices and outcome-driven programmatic decisions will affect the type and manner in which mental health services are delivered. Historically, competing theories of psychotherapy were taught in different universities. As a result, personal preference and belief in a given theory formed the basis for clinical practice. Due to accumulated research and a growing body of national literature, however, proven outcomes – evidence – now serves as the basis for clinical practice and drives decisions about the kinds of treatment provided. For improved service delivery, these evidence-based practices must be translated into training and provided to staff on an ongoing basis.

There is also a growing emphasis on integrated treatment for dually diagnosed individuals. While Mental Health Services and Alcohol and Drug Services are discrete programs with individual budgets and staff, consumers who seek service from each organization often have clinical problems that require the services of both. Estimates vary, but between one-third and one-half of all persons with mental illnesses also have an alcohol or drug problem. Unless both problems are treated simultaneously and in some coordinated fashion, clinical progress is slow to non-existent.


Likewise, there is an increasing understanding of the complex ways that services and programs are interconnected and impact upon one another. There is a trend away from organizational "stovepipes" toward a more "seamless" system which clients can navigate more easily. Consequently, program redesign efforts focus on greater communication between program areas and specific efforts to coordinate services.

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At a more macro level, case management is a service designed to manage the fragmentation of health, mental health and social services. As service systems become increasingly complex and demand for services outpaces supply, case management becomes even more important to connect individuals with needed services. While there are many models of case management and the needs of consumers in large community mental health settings are varied in intensity and complexity, case management services must have a recovery focus and reflect evidence-based best practices for optimal use of limited resources. As state hospitals reduce their census and communities become responsible for the treatment needs of individuals with severe and persistent mental illness, outreach services for at-risk consumers, a specific activity of intensive case management, becomes increasingly important. If these individuals are unable, either due to logistical reasons or to the symptoms of their illness, to come into the mental health center, it becomes imperative to do assertive outreach to engage them in the process of recovery.

New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

 Maintaining Safe and Caring Communities	Recent Success	FY 2005 Initiative	Cost Center
Collaborate with other agencies to divert seriously mentally ill individuals from jail and into treatment, when appropriate.		✓	Agencywide
Open Woodburn Place, a 16-bed fully-handicapped accessible Crisis Care facility, which will offer short-term intensive crisis stabilization services as a community-based alternative to psychiatric hospitalization for adults.		✓	Residential
Open a Youth Crisis Care facility as a community based alternative to psychiatric hospitalization for youth. Services will include diagnostic assessment, crisis intervention and targeted treatment in a short-term residential setting.		✓	Residential
Continue to implement redesign recommendations of Day Support network study and work group. The elements of this redesign are rooted in the Recovery Model and put heavy emphasis on helping consumers find and keep employment; have choices in their treatment options; manage their own drop-in centers; participate in program evaluation and policy planning; and become more self-sufficient as they partner in their treatment.	✓	✓	Day Support
Continue to strengthen dual-diagnosis service delivery by having points of contact at all ADS sites and joint trainings between disability areas. There are also treatment groups being developed for ADS/MH shared consumers, co-led by staff from both.	✓	✓	Agencywide
Continue to provide training on evidence-based practices. Initiatives include a Clinical Practices Workgroup, ongoing training for staff in contemporary cognitive therapies, use of psychoeducational group programming for emotional regulation, integrated treatment for dually diagnosed consumers and how to get the most from psychotropic medications.	✓	✓	Agencywide



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Community Services Board (CSB) - Mental Health Services

 Maintaining Safe and Caring Communities	Recent Success	FY 2005 Initiative	Cost Center
Continue to participate in the Countywide Reshaping Children's Services Initiative to improve the delivery of services to children and their families. Efforts include a systemwide utilization review process that builds on the success of Mental Health and Alcohol and Drug Service efforts to guide, prescribe and monitor treatment interventions provided to Fairfax County youth and their families.	✓	✓	Outpatient and Residential
Continue to participate in the Model Court Pilot project to assist families who come before the Juvenile and Domestic Relations District Court on abuse and neglect charges.	✓	✓	Outpatient
Expanded a program from five to eight sites in which CSB therapists work in FCPS pre-schools with parents and children identified by teachers, school social workers and psychologists as needing mental health intervention.	✓		Outpatient
Provided more clinical services at the Juvenile Detention Center. Two additional staff members have been funded through the Juvenile Court budget to provide crisis intervention and diagnostic services for the youth in the Juvenile and Domestic Relations District Court Detention Center and Less Secure Shelter.	✓		Outpatient
Continue increased presence in homeless shelters, with the placement of psychiatric/medication hours at one shelter and intakes for new clients at the other shelter. This is designed to lower barriers to those seriously mentally ill individuals who might not engage in services if they had to come into a mental health center at the outset.	✓	✓	Residential
Expanded provision of Mental Health Services in the Infant/Early Childhood Focused and Continued Care Programs. Services totaling \$600,000 have been outsourced through Family Preservation Services, which added ten therapists to provide outpatient services for youth and their families.	✓		Youth and Family Outpatient
Reduced hospitalizations among targeted consumers 89 percent and reduced homelessness among consumers in the program from 61 percent to 7 percent.	✓		Assertive Community Treatment
Provided important post-terrorism mental health outreach and counseling services through Project Resilience out in the community, including a significant focus on building bridges with multicultural groups and delivering culturally competent services.	✓		Early Intervention

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Community Services Board (CSB) - Mental Health Services

 Creating a Culture of Engagement	Recent Success	FY 2005 Initiative	Cost Center
Continue to increase consumer and family involvement and input in service design and program evaluation. Mental Health Services will continue to solicit consumer and stakeholder input on services. These meetings have been held in libraries, places of worship, neighborhoods, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Agencywide
 Corporate Stewardship	Recent Success	FY 2005 Initiative	Cost Center
Increased the adult residential bed capacity for consumers by re-designing the Transitional Therapeutic Apartment and Residential Intensive Care programs to increase the number of Medicaid beds which resulted in reduced cost to the County.	<input checked="" type="checkbox"/>		Residential
Expand revenue maximization efforts to include Title IV-E, Medicaid and other third party payers to reduce costs to the County.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Agencywide
Expand Medication Cost Containment initiative to reduce the increasing cost of psychotropic medications and the number of consumers who require them.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Agencywide

Fund 106

Community Services Board (CSB) - Mental Health Services

Budget and Staff Resources

Agency Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff					
Years					
Regular	421/ 411.85	420/ 410.85	419/ 409.85	419/ 409.85	419/ 409.85
Grant	32/ 28.3	32/ 28.3	33/ 30.5	32/ 29.5	33/ 30.5
Expenditures:					
Personnel Services	\$32,475,695	\$32,335,328	\$33,470,166	\$33,893,383	\$34,033,493
Operating Expenses	16,450,959	14,969,448	18,014,095	15,307,229	15,138,229
Capital Equipment	0	0	0	0	0
Subtotal	\$48,926,654	\$47,304,776	\$51,484,261	\$49,200,612	\$49,171,722
Less:					
Recovered Costs	(\$1,002,907)	(\$125,786)	(\$125,786)	(\$130,130)	(\$135,230)
Total Expenditures	\$47,923,747	\$47,178,990	\$51,358,475	\$49,070,482	\$49,036,492
Revenue:					
Fairfax County	\$29,858,310	\$29,895,015	\$29,895,015	\$30,734,409	\$29,888,237
Fairfax City	476,917	476,917	476,917	476,917	476,917
Falls Church City	239,561	239,561	239,561	239,561	239,561
State DMHMRSAS	7,887,326	8,358,665	10,201,979	8,380,365	8,550,475
State Other	15,295	15,011	17,099	17,099	17,099
Federal Block Grant	1,483,464	1,461,943	1,492,738	1,470,110	1,470,110
Federal Other	2,571,709	63,995	2,527,543	406,435	406,435
Medicaid Option	3,223,127	3,033,401	3,134,695	3,033,401	3,526,170
Program/Client Fees	1,796,857	1,525,543	1,525,543	1,577,473	1,726,776
CSA Pooled Funds	954,909	1,043,035	713,313	1,043,035	1,043,035
Miscellaneous	218,742	146,807	146,807	146,344	146,344
Fund Balance	(802,470)	919,097	987,265	1,545,333	1,545,333
Total Revenue	\$47,923,747	\$47,178,990	\$51,358,475	\$49,070,482	\$49,036,492

FY 2005 Funding Adjustments

The following funding adjustments from the FY 2004 Revised Budget Plan are necessary to support the FY 2005 program:

- ◆ Employee Compensation \$1,261,948**
 An increase of \$1,261,948 in Personnel Services is due to an additional \$1,266,292 associated with salary adjustments necessary to support the County's compensation program, offset by \$4,344 in Recovered Costs for reimbursed salaries.
- ◆ Contract Rate Adjustment \$194,567**
 An increase of \$194,567 in Operating Expenses is due to a 3.09 percent contract rate increase for providers of contracted mental health treatment services.

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Community Services Board (CSB) - Mental Health Services

- ◆ **Grant Adjustments** **\$352,695**
An increase of \$352,695 is included to update Program Year 2005 grant awards based on the most recent information available from the grantors. These adjustments include an increase of \$291,763 in Personnel Services and an increase of \$60,932 in Operating Expenses and are associated with the following grants: \$196,669 for the Title IV-E Revenue Maximization grant, \$127,544 for the Virginia Serious and Violent Offenders Reentry (VASAVOR) grant, \$20,315 for the Domestic Violence Prevention grant, and \$8,167 for the Mental Health PATH grant.

- ◆ **Miscellaneous Operating Adjustments** **\$9,594**
A net increase of \$9,594 in Operating Expenses is attributable to increases of \$15,586 based on operational requirements and \$11,259 due to the County's higher auto mileage reimbursement rate of 36 cents per mile, offset by a decrease of \$17,251 in charges from the Department of Vehicle Services.

- ◆ **Carryover Adjustments** **(\$3,327,060)**
A decrease of \$3,327,060 is primarily attributable to the carryover of unexpended FY 2003 grant funds to FY 2004 necessary to provide funding through Program Year 2003. Specifically, Personnel Services is reduced \$854,254 and Operating Expenses is reduced \$2,472,806.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2005 Advertised Budget Plan, as approved by the Board of Supervisors on April 26, 2004:

- ◆ **Psychiatrist Position and Additional Program Support** **\$170,110**
An increase of \$170,110 is included to fund an existing merit psychiatrist position as well as to provide for additional administrative support and intensive case management services. This expenditure is offset by a commensurate increase in DMHMRSAS revenues. Please note that an increase of \$59,046 in Alcohol and Drug Services will also contribute towards the position and program support.

- ◆ **Miscellaneous Personnel and Operating Costs** **(\$55,000)**
A decrease of \$55,000 is comprised of a \$30,000 decrease in salary and fringe benefit costs, and a \$25,000 decrease in security costs at Woodburn Center. A commensurate reduction of \$55,000 was made to the General Fund Transfer.

- ◆ **Medication Cost Savings** **(\$144,000)**
A decrease of \$144,000 is associated with the implementation of medication cost savings strategies. A commensurate reduction of \$144,000 was made to the General Fund Transfer.

- ◆ **General Fund Transfer Reduction Associated with Revenue Enhancement** **(\$5,100)**
An increase of \$5,100 in Recovered Costs and an increase of \$642,072 in Medicaid revenues are due to revenue enhancement strategies. A commensurate reduction of \$647,172 was made to the General Fund Transfer.

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Community Services Board (CSB) - Mental Health Services

Changes to FY 2004 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2004 Revised Budget Plan since passage of the FY 2004 Adopted Budget Plan. Included are all adjustments made as part of the FY 2003 Carryover Review and all other approved changes through December 31, 2003:

- ◆ **Carryover Adjustments** **\$3,399,748**

As part of the FY 2003 Carryover Review, a net increase of \$3,399,748 is attributable to the following increases: \$1,060,566 in Federal funding for the Federal Emergency Management Agency (FEMA) Project Resilience grant to provide counseling and outreach services for persons effected by the September 11, 2001 terrorist attacks; \$891,936 due to the carryover of unexpended FY 2003 grant funds to FY 2004, \$550,675 in State DMHMRSAS funding for the Mental Health State Reinvestment grant; \$200,675 in State DMHMRSAS funding for the Mental Health Serious Emotional Disturbance Initiative for residential services for children not eligible for the Comprehensive Services Act (CSA) program; \$192,289 in Federal funds for the Title IV-E Revenue Maximization grant; \$124,800 in Federal funds for the Virginia Serious and Violent Offenders Reentry (VASAVOR) grant; \$40,985 for the renewal of the Sexual Assault Prevention grant; \$20,315 for renewal of the Domestic Violence Prevention grant; \$339,607 in encumbered and unencumbered carryover, and \$36,344 reallocated from Mental Retardation Services to Mental Health Services. These increases are partially offset by the following decreases: \$55,971 in the Substance Abuse and Mental Health Services Administration (SAMHSA) grant and \$2,473 in the Mental Health Ryan White Title I and II grant.

- ◆ **Position Adjustments** **\$0**

As part of the FY 2003 Carryover Review, a net increase of 0/1.2 SYE grant positions is included to reflect the following position actions: an increase of 2/2.0 SYE grant positions associated with the abolishment of 2/2.0 SYE grant Mental Retardation Specialist I positions in Mental Retardation Services to create 2/2.0 SYE grant positions, including 1/1.0 SYE grant Senior Clinician position and 1/1.0 SYE grant Management Analyst I position, in Mental Health Services associated with the Title IV-E grant; an increase of 1/1.0 SYE grant Mental Health Therapist position for the Virginia Serious and Violent Offender Reentry (VASAVOR) grant; a decrease of 2/1.0 SYE grant Mental Health Therapist positions associated with the HUD Continuum of Care grant; and a decrease of 1/0.8 SYE grant Psychiatrist position associated with the Program of Assertive Community (PACT) grant. In addition, a decrease of 1/1.0 SYE regular merit position is included to reflect the abolishment of 1/1.0 Management Analyst I position in Mental Health Services to create 1/1.0 SYE Mental Retardation Specialist III position in Mental Retardation Services.

The following funding adjustments reflect all approved changes to the FY 2004 Revised Budget Plan from January 1, 2004 through April 19, 2004. Included are all adjustments made as part of the FY 2004 Third Quarter Review:

- ◆ **Grant Adjustments** **\$1,216,679**

An increase of \$1,216,679 in expenditures and revenues is included for new federal grant awards, grant continuation funding and other adjustments to current year grant awards. This is comprised of \$992,695 for adjustments to the Mental Health Facility Reinvestment grant, \$170,361 towards a new federal Ryan White "HIV Services" grant award, \$30,795 for adjustments to the Projects for Assistance in Transition from Homelessness (PATH) grant and \$22,828 for renewal of the V-Stop grant.
- ◆ **One-Time Transitional Funding for Services Reduced in FY 2004** **\$104,000**

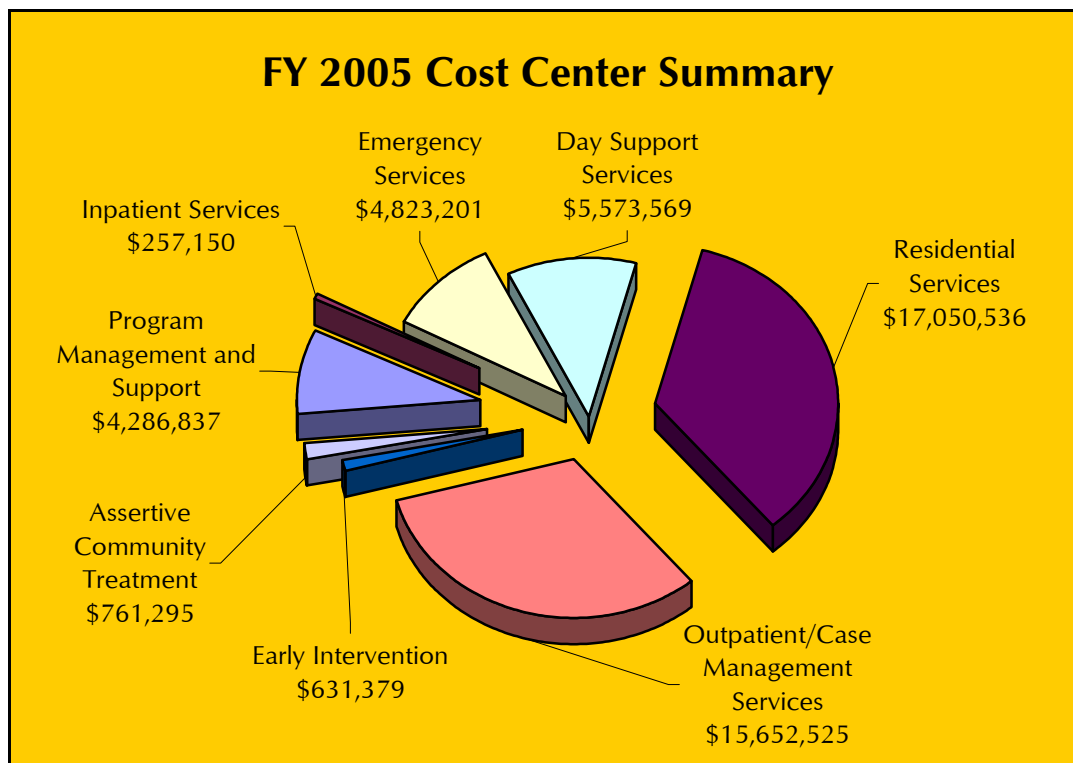
An increase of \$104,000 in one-time funding to provide services while the Entry Program is redesigned. The loss of entry worker positions during the FY 2003 budget cycle increased the waiting list for intake services and significantly decreased accessibility for consumers and referral agencies, including DFS and the Court.

Fund 106

Community Services Board (CSB) - Mental Health Services

- Additional Fee Revenue** **\$101,294**
 An increase in expenditures of \$101,294 is necessary to appropriate additional fee revenues in Mental Health Services for PACT and the Stevenson Place/Adult Living Facility contract
- Additional DMHMRSAS Funding** **\$99,269**
 An increase of \$99,269 is included to fund intensive case management in Mental Health Services and an existing merit psychiatrist position for Mental Health and Alcohol and Drug Services, with an accompanying increase of \$34,444 in Alcohol and Drug Services for the same purposes. This expenditure is entirely offset by revenues from DMHMRSAS.
- Position Adjustment** **\$0**
 An increase of 1/1.0 SYE grant position, entirely funded through Title IV-E and State Mental Health Reinvestment funds, is included to reflect the establishment of one Administrative Assistant III in Program Management and Supervision.
- Internal Funding Adjustments and Realignment Between CSB Agencies** **(\$741,505)**
 A net decrease in expenditures of \$741,505 is due to various funding adjustments and realignment between CSB agencies to reflect updated expenditure requirements for the remainder of FY 2004.

Cost Centers



Fund 106

Community Services Board (CSB) - Mental Health Services

Program Management and Supervision

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	69/ 68	70/ 69	69/ 68	69/ 68	69/ 68
Grant	0/ 0	0/ 0	2/ 2	1/ 1	2/ 2
Total Expenditures	\$5,476,072	\$5,411,440	\$4,412,779	\$4,316,837	\$4,286,837

Position Summary					
1 Director - Mental Health Programs	2 Senior Clinicians, 1 PT	1 Medical Records Administrator			
1 Director - CSB Planning and Development	2 Mental Health Managers	1 Volunteer Services Coordinator II			
	2 Mental Health Supervisors/	1 Administrative Assistant V			
1 Senior Supervisory Psychiatrist	Specialists, 1 PT	7 Administrative Assistants IV			
6 Mental Health Division Directors	1 Management Analyst II	10 Administrative Assistants III			
1 Director of Clinical Operations	1 Business Analyst II	31 Administrative Assistants II			
Grant Position					
Rev-Max Title IV-E					
1 Management Analyst I	1 Administrative Assistant III				
TOTAL POSITIONS					
69 Positions / 68.0 Staff Years					
2 Grant Position / 2.0 Staff Years					

PT Denotes Part-Time Positions

Key Performance Measures

Goal

To provide management, programming, financial monitoring, training, and general support services to ensure that treatment interventions are delivered in an efficient and effective manner throughout Mental Health Services.

Objective

- ◆ To provide direction and management support to Mental Health programs so that 70 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	62%	57%	70% / 82%	70%	70%

Performance Measurement Results

In FY 2003, 18 out of 22, or 82 percent, of service quality and outcome goals were met by Mental Health programs. All performance indicators will be reviewed and assessed in the context of new initiatives in measuring the effectiveness, efficiency and quality of programs, and changes will be made if necessary.

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Community Services Board (CSB) - Mental Health Services

Inpatient Services

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$294,132	\$248,681	\$1,225,769	\$257,150	\$257,150

Position Summary	
1	MH/MR/ADS Senior Clinician
TOTAL POSITION	
1 Position / 1.0 Staff Year	

Goal

To facilitate admissions, inpatient consultation, treatment and discharge planning activities related to all CSB clients admitted to the INOVA Mount Vernon Hospital and who are referred to the full time on-site CSB hospital liaison. This includes all CSB clients admitted and/or readmitted to the contract bed the CSB purchases from INOVA for CSB clients who are medically indigent, as well as all other CSB clients admitted and/or readmitted to the INOVA Mount Vernon Hospital.

Objectives

- ◆ To provide direction and management support to Mental Health programs so that 70 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	62%	57%	70% / 82%	70%	70%

Performance Measurement Results

The effective utilization of available psychiatric beds and connecting consumers to needed services in the community upon discharge will be increasingly important as the availability of hospital beds in our community decreases. Both the utilization and referrals to hospital liaisons exceeded the targets set for FY 2003 with the utilization of available bed days at 100 percent.

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Emergency Services

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	41/ 41	41/ 41	41/ 41	41/ 41	41/ 41
Total Expenditures	\$3,700,908	\$4,519,201	\$4,692,036	\$4,806,091	\$4,823,201

Position Summary					
<u>General Emergency</u>		<u>Forensic Services</u>		<u>Mobile Crisis Unit</u>	
1	Mental Health Manager	4	Senior Clinicians	1	Mental Health Manager
2	Emergency/Mobile Crisis Supervisors	2	Mental Health Supervisor/Specialists	2	Emergency/Mobile Crisis Supervisors
10	Mental Health Supervisors/Specialists	3	Clinical Psychologists	4	Mental Health Supervisors/Specialists
6	Psychiatrists	1	Psychiatrist		
		1	Public Health Nurse III		
				<u>Entry Services</u>	
				1	Mental Health Manager
				3	Mental Health Therapists
TOTAL POSITIONS					
41 Positions / 41.0 Staff Years					

Key Performance Measures

Goal

To provide 24-hour per day comprehensive psychiatric emergency services which includes providing all preadmission evaluations for voluntary and involuntary hospitalization and crisis residential services, providing evaluations for persons who have been Temporarily Detained at a hospital because they are a danger to themselves or others, and providing Mobile Crisis Unit services to assist individuals in crisis in the community.

Objectives

- ◆ To provide stabilization services outside of the hospital to 90 percent of clients seen in General Emergency Services.
- ◆ To conduct 98 percent of evaluations within 24 hours after initial contact.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
General Emergency - Service hours provided	35,910	33,417	34,850 / 34,764	35,000	35,000
General Emergency - Persons seen	5,080	5,053	5,300 / 4,801	5,300	5,300
Independent Evaluators - Persons seen	467	464	464 / 491	464	464
Independent Evaluators - Service hours provided	1,294	1,295	1,294 / 1,354	1,294	1,294

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Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Efficiency:					
General Emergency - Annual cost per client	\$448	\$504	\$439 / \$569	\$472	\$497
Independent Evaluators - Annual cost per client	\$253	\$281	\$313 / \$238	\$270	\$279
Outcome:					
General Emergency - Percent of clients who receive stabilization services outside of the hospital	97%	96%	90% / 97%	90%	90%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	98%	98%	98% / 97%	98%	98%

Performance Measurement Results

Of the clients seen through our General Emergency Services, 97 percent received stabilization services outside of a hospital setting. This is above the target of 90 percent. Being able to maintain this outcome will assist, although not eliminate, the impact of the anticipated decline in psychiatric beds.

Independent Evaluators are Licensed Clinical Psychologists who evaluate persons who have been Temporarily Detained at a hospital because they have been judged by MH Emergency staff to be a danger to themselves or others due to their mental illness. Independent evaluators make recommendations to a Special Justice at Commitment Hearings as to whether or not the individual should be committed to a hospital (against their will) for treatment of their mental illness.

Day Support Services

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	20/ 19.5	20/ 19.5	20/ 19.5	20/ 19.5	20/ 19.5
Total Expenditures	\$5,536,560	\$5,362,113	\$5,723,794	\$5,573,569	\$5,573,569

Position Summary	
<u>Adult Day Treatment</u>	<u>Adolescent Day Treatment</u>
2 Mental Health Managers	1 Mental Health Manager
1 Mental Health Supervisor/Specialist	2 Senior Clinicians
8 Senior Clinicians	1 Mental Health Supervisor/Specialist
1 Mobile Clinic Driver	2 Mental Health Therapists
1 Psychiatrist, 1 PT	1 MR/MH/ADS Aide
TOTAL POSITIONS	
20 Positions / 19.5 Staff Years	

Fund 106

Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal

To provide a continuum of services that will improve the community stabilization and functional capacity of adults who have serious mentally illness (SMI) and children who have serious emotional disturbance (SED). Services will include Adult Day Treatment, Adolescent Day Treatment, Adult Psychosocial Rehabilitation programs, Sheltered Employment, Supported Employment and Transitional Employment. Services will be coordinated seamlessly in partnership by CSB and contract providers.

Objectives

- ◆ To improve individual Global Assessment of Functioning (GAF) scores by at least 10 points for 70 percent of adults served in Adult Day Treatment programs.
- ◆ To improve functional level, as measured by the Child and Adolescent Functional Assessment Scale (CAFAS), by 10 or more points for 50 percent of adolescents served in Adolescent Day Treatment programs.
- ◆ To enable 30 percent of clients served in psychosocial rehabilitation programs to transition to supported or competitive employment.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Adult Day Treatment - Clients served	232	196	172 / 221	172	172
Adult Day Treatment - Service hours provided	37,236	34,042	27,840 / 33,004	33,000	33,000
Adolescent Day Treatment - Clients served	38	37	38 / 38	38	38
Adolescent Day Treatment - Service hours provided	13,411	15,949	13,600 / 18,602	13,600	13,600
Psychosocial rehabilitation - Service hours provided	197,839	202,067	197,839 / 193,570	184,980	184,980
Psychosocial rehabilitation - Clients served	559	527	525 / 570	525	525
Efficiency:					
Adult Day Treatment - Annual cost per client	\$4,542	\$5,711	\$6,227 / \$4,730	\$6,293	\$6,638
Adolescent Day Treatment - Annual cost per client	\$12,301	\$11,925	\$13,699 / \$12,094	\$16,035	\$16,873
Psychosocial rehabilitation - Annual cost per client	\$5,520	\$5,678	\$6,977 / \$6,255	\$6,422	\$6,513

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	90%	70%	90% / 84%	90%	90%
Psychosocial rehabilitation - Length of wait for admission - Priority (weeks)	1-2	1-2	1-2 / 1.5	1-2	1-2
Psychosocial rehabilitation - Length of wait for admission - Others (months)	6-24	6-24	6-24 / 4	6-24	6-24
Outcome:					
Adult Day Treatment - Percent of clients demonstrating improvement of 10 points or more in GAF score	72%	68%	70% / 90%	70%	70%
Adolescent Day Treatment - Percent of clients demonstrating improvement of 10 or more points in level of functioning as measured by CAFAS	67%	48%	50% / 74%	75%	75%
Psychosocial rehabilitation - Percent of clients who transition to supported or competitive employment	28%	27%	30% / 33%	30%	30%

Performance Measurement Results

With assistance from one of CSB's main contractors, Psychosocial Rehabilitation Services, 33 percent of psychosocial rehabilitation clients transitioned to supported or competitive employment in FY 2003. Length of wait for admission to the programs continued to meet the targeted number of weeks for priority situations, and was shorter than the target for others.

Targets were exceeded in both the Adult and Adolescent Day Treatment Programs in FY 2003. For example, in Adult Day Treatment, 90 percent of clients demonstrated an improvement of 10 points or more in their GAF scores. This compares favorably to a target of 70 percent. FY 2004 and FY 2005 targets have not been revised upwards as historical experience suggests a lower level than that achieved in FY 2003. In Adolescent Day Treatment, 74 percent of the clients demonstrated an improvement of 10 points or more. This compares to a goal of 50 percent. These successes are expected to be replicated and, thus, the targets for FY 2004 and FY 2005 have been set higher.

Fund 106

Community Services Board (CSB) - Mental Health Services

Residential Services

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	128/ 127.5	122/ 121.5	124/ 123.5	122/ 121.5	124/ 123.5
Grant	14/ 13	14/ 13	12/ 12	12/ 12	12/ 12
Total Expenditures	\$14,965,234	\$16,313,678	\$16,569,880	\$16,961,536	\$17,050,536

Position Summary		
<u>Supervised Apartments</u> 1 Mental Health Manager 4 Mental Health Supervisors/Specialists 8 Mental Health Therapists <u>Res. Treatment Center - Leland House Crisis Care</u> 1 Mental Health Manager 1 Mental Health Supervisor/Specialist 8 Mental Health Therapists 4 Mental Health Counselors 1 Cook <u>Res. Treatment Center - Gregory Rd. Crisis Care</u> 2 Mental Health Supervisors/Specialists 5 Mental Health Therapists 1 Mental Health Counselor 1 Nurse Practitioner <u>Group Home - Franconia Road</u> 1 Mental Health Supervisor/Specialist 3 Mental Health Therapists 4 Mental Health Counselors <u>Group Home - My Friend's Place</u> 1 Mental Health Supervisor/Specialist 4 Mental Health Therapists 1 Senior Clinician 3 Mental Health Counselors	<u>Group Home - Sojourn House</u> 1 Mental Health Supervisor/Specialist 5 Mental Health Therapists 1 Senior Clinician 2 Mental Health Counselors <u>Homeless Services - Shelter</u> 3 Mental Health Supervisors/Specialists 10 Mental Health Therapists 1 Psychiatrist <u>Transitional Group Home - Patrick Street</u> 1 Mental Health Manager 1 Mental Health Supervisor/Specialist 3 Mental Health Therapists 3 Mental Health Counselors <u>Transitional Group Home - Beacon Hill</u> 4 Mental Health Therapists 3 Mental Health Counselors <u>Emergency Shelter - Women's Shelter</u> 1 Mental Health Supervisor/Specialist 4 Mental Health Therapists 2 Senior Clinician	<u>Cornerstones Dual Diagnosis Facility</u> 1 Mental Health Supervisor/Specialist 1 Mental Health Therapists 3 Mental Health Counselors 1 Senior Clinician <u>Residential Intensive Care</u> 1 Mental Health Manager 4 Mental Health Supervisors/Specialists 1 Assistant Residential Counselor 1 Public Health Nurse II <u>Residential Extensive Dual Diagnosis</u> 1 Mental Health Supervisor/Specialist 1 Mental Health Therapist 1 Mental Health Counselor <u>PACT Residential Assistance</u> 1 Mental Health Counselor <u>Community Living Assistance</u> 1 Mental Health Supervisor/Specialist 1 Mental Health Therapist 1 Assistant Residential Counselor, PT <u>Supportive Services</u> 1 Mental Health Supervisor/Specialist 4 Mental Health Therapists
<u>Grant Positions</u> <div style="display: flex; justify-content: space-between;"> <div> <u>Franconia Road</u> 1 Mental Health Manager <u>Extension Apartments</u> 3 Mental Health Therapists </div> <div> <u>Residential Intensive Care</u> 2 Mental Health Therapists 1 Assistant Residential Counselor </div> <div> <u>Residential Extensive Dual Diagnosis</u> 2 Mental Health Therapists 1 Mental Health Counselor <u>PATH/McKinney-Homeless Shelters</u> 2 Mental Health Therapists </div> </div>		
TOTAL POSITIONS 124 Positions / 123.5 Staff Years 12 Grant Positions / 12.0 Staff Years		

PT Denotes Part-Time Positions

Fund 106

Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal

To provide treatment and support to adults with serious mental illness residing in group homes, apartments, domiciliary care and homeless shelters and to assist them with community living.

Objectives

- ◆ To enable 78 percent of clients served in the Supervised Apartment program to move to a more independent residential setting within one year.
- ◆ To enable 85 percent of clients served in the Supported Living program to maintain stable housing for one year or more.
- ◆ To enable 90 percent of all clients served in the contracted Supported Living Arrangements program to maintain stable housing for one year or more.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Supervised Apartments - Clients served	149	236	230 / NA	560	560
Supervised Apartments - Service days provided	31,611	57,590	54,346 / 59,586	51,000	51,000
Supportive Living - Clients served	246	265	260 / 1,086	1,100	1,100
Supportive Living - Service hours provided	14,307	16,069	16,000 / 11,292	12,000	12,000
Supported Living Arrangements - Clients served	157	149	157 / 177	157	157
Supported Living Arrangements - Service hours provided	8,738	9,871	6,995 / NA	6,995	6,995
Efficiency:					
Supervised Apartments - Annual cost per client	\$7,414	\$5,262	\$5,871 / \$2,318	\$2,497	\$2,601
Supportive Living - Annual cost per client	\$1,296	\$1,047	\$1,010 / \$220	\$252	\$266
Supported Living Arrangements - Annual cost per client	\$3,473	\$3,990	\$3,958 / \$3,511	\$3,679	\$4,104
Service Quality:					
Supervised Apartments - Length of wait for admission (months)	3	6	6 / 6	6	6
Supportive Living - Length of wait for admission (months)	4	12	4 / 12	4	4
Supported Living Arrangements - Average length of time individual waits before receiving residential services (months)	24	12	24 / 48	24	NA

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Outcome:					
Supervised Apartments - Percent of clients able to move to a more independent residential setting upon discharge	78%	78%	78% / 55%	78%	78%
Supportive Living - Percent of clients maintaining stable housing for one year or more	80%	98%	85% / 98%	85%	85%
Supported Living Arrangements - Percent of clients who are able to maintain stable housing for one year or more	93%	91%	90% / 90%	90%	90%

Performance Measurement Results

A major goal for individuals with serious mental illness is to have their own home and live in the community with the appropriate clinical and residential supports. Supervised Services provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a serious mental illness learn and practice the life skills needed for successful community living. The ultimate goal is for these consumers to transition into the most manageable independent living environment.

Supportive Services provides services that support consumers to acquire their own long term permanent housing and maintain their independent long term permanent residential arrangement. Supportive services are directly run by the CSB while the Supportive Living Arrangements (SLA) are contracted. In FY 2003 98 percent of consumers served by the CSB's Supportive Living Program were able to stay in their own housing arrangement for one year or more, thereby surpassing the goal of 85 percent. Additionally, 90 percent of all clients served by contracted residential services in FY 2003 remained in their residential placements for one year or more.

Outpatient and Case Management Services



Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	154/ 147.85	159/ 152.85	157/ 150.85	159/ 152.85	157/ 150.85
Grant	1/ 1	1/ 1	3/ 3	3/ 3	3/ 3
Total Expenditures	\$14,096,600	\$13,949,217	\$15,401,822	\$15,762,625	\$15,652,525

Position Summary		
Adult Community Services	Youth and Family Services	Grant Positions
8 Mental Health Managers	6 Mental Health Managers	Ryan White CARE Act
20 Mental Health Supervisor/Specialists	7 Mental Health Supervisor/Specialists	1 Senior Clinician
45 Senior Clinicians, 3 PT	20 Senior Clinicians, 4PT	
19 Mental Health Therapists	7 Mental Health Therapists	Services to Violent Offenders
1 Nurse Practitioner	2 Psychiatrists, 2 PT	1 Mental Health Therapist
9 Psychiatrists, 4 PT	7 Clinical Psychologists	
2 Psychology Interns	3 Psychology Interns	Rev Max – Title IV-E
1 Mental Health Counselor		1 Senior Clinician
TOTAL POSITIONS	PT Denotes Part-Time Positions	
157 Positions / 150.85 Staff Years		
3 Grant Positions / 3.0 Staff Years		

Fund 106

Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal

Adults: To stabilize mental health crises and symptoms, facilitate optimal community integration, assist in managing reoccurrence of symptoms and building resilience, and promote self-management, self-advocacy and wellness.

Youth and Family: To provide assessment, evaluation, multi-modal treatment, case management, psycho-educational and pharmacological services to the children, youth and families (ages 3 to 18) of Fairfax County. These services will be provided through interagency collaboration and practice as mandated by the Comprehensive Services Act.

Objectives

- ◆ To enable 75 percent of clients served in the Comprehensive Treatment and Recovery program to reach 75 percent of their treatment goals at discharge.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Clients served	2,202	1,929	2,100 / 3,246	2,100	NA
Service hours provided	53,358	31,988	53,358 / 51,536	36,000	36,000
Efficiency:					
Annual cost per client	\$3,619	\$4,308	\$3,971 / \$2,734	\$4,179	\$4,405
Service Quality:					
Percent of clients satisfied with services	87%	88%	85% / 88%	85%	85%
Outcome:					
Percent of clients who meet 75 percent of treatment goals at discharge	77%	80%	75% / 93%	75%	75%

Performance Measurement Results

In FY 2002, service hours provided were relatively low due to difficulties with staff documentation of clinical time. Staff has worked hard to ensure complete documentation of clinical service time. The number of clients served spiked in FY 2003 at 3,246. Based on the services required by these clients, however, a commensurate increase in service hours was not experienced, relative to the projection. A more normal level of clients served is projected for FY 2004 and FY 2005. In FY 2003, the percent of clients who met 75 percent of the treatment goals at discharge was 93 percent, up significantly from the goal of 75 percent.

Provision of quality services is dependent on feedback from the consumers who receive the services. The Adult and Family Program has utilized a state mandated consumer satisfaction instrument, in addition to focus groups, to solicit information from consumers about their experiences. Based on the responses received, 88 percent of the consumers expressed overall satisfaction with the services that they received. Staff will use the feedback as part of the CSB's continuous quality improvement efforts. For FY 2004 and FY 2005, a satisfaction rate of 85 percent satisfaction has been set.

Fund 106

Community Services Board (CSB) - Mental Health Services

Prevention/Early Intervention Services

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	8/ 7	7/ 6	7/ 6	7/ 6	7/ 6
Grant	5/ 2.5	5/ 2.5	5/ 2.5	5/ 2.5	5/ 2.5
Total Expenditures	\$2,900,150	\$608,245	\$2,491,586	\$631,379	\$631,379

Position Summary	
<u>Early Intervention</u> 2 Mental Health Supervisors/Specialists 2 Senior Clinicians, 1 PT 2 Mental Health Therapists, 1 PT <u>Prevention</u> 1 Mental Health Supervisor/Specialist	<u>Grant Positions</u> <u>Sexual Assault Prevention</u> 3 Mental Health Therapists, 3 PT 1 Human Services Coordinator II, PT 1 Volunteer Service Coordinator I, PT
TOTAL POSITIONS 7 Positions / 6.0 Staff Years 5 Grant Positions / 2.5 Staff Years	
PT Denotes Part-Time Positions	

Key Performance Measures

Goal

To offer prevention and early intervention services for at-risk populations, as well as educate families, community agencies, the public and other providers about the needs of individuals with mental illness.

Objectives

- ◆ To enable 70 percent of participants in the Men's Program (ADAPT) to successfully complete the program.
- ◆ To enable 98 percent of individuals completing the Men's Program (ADAPT) to avoid being returned to the program by the Courts.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Persons served	297	304	300 / 304	300	300
Service hours provided	3,115	3,130	3,115 / 2,689	3,115	3,115
Efficiency:					
Annual cost per client	\$427	\$447	\$366 / \$453	\$453	\$467
Outcome:					
Percent of clients not returned to program by the Courts	99%	100%	98% / 100%	98%	98%
Percent of participants who complete program	74%	68%	70% / 70%	70%	70%

Fund 106

Community Services Board (CSB) - Mental Health Services

Performance Measurement Results

Of the persons served by this program in FY 2003 none were returned back to the program by the Courts. The percent of participants who completed the program was 70 percent in FY 2003, slightly above the national average.

Program of Assertive Community Treatment (PACT)

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Grant	12/ 11.8	12/ 11.8	11/ 11	11/ 11	11/ 11
Total Expenditures	\$954,091	\$766,415	\$840,809	\$761,295	\$761,295

Position Summary					
1	Mental Health Manager	3	Mental Health Therapists	1	Administrative Assistant III
3	Mental Health Supervisors/Specialists	3	Public Health Nurses III		
TOTAL POSITIONS					
11 Grant Positions / 11.0 Staff Years					

Key Performance Measures

Goal

To provide assertive, out of the office treatment, rehabilitation, crisis intervention and support services 365 days per year to adults with severe and persistent mental illness resulting in lowered hospitalization, incarceration and homelessness rates.

Objectives

- ◆ To improve community tenure by increasing the number of days PACT consumers reside in the community. Specifically, after one year of participation in the PACT program, to enable 85 percent of PACT participants to reside in the community at least 300 days during the following 12 months without incidents of hospitalization, incarceration, or homelessness.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Clients served	89	85	89 / 98	89	89
Service hours provided	15,621	15,909	15,621 / 15,779	15,779	15,779
Efficiency:					
Annual cost per client	\$9,300	\$10,455	\$11,033 / \$9,736	\$8,611	\$8,592

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Service Quality:					
Percent of clients satisfied with services	90%	100%	90% / 95%	90%	90%
Outcome:					
Percent of clients who reside in the community at least 300 days in the 12 months after one year of participation in the PACT program	NA	84%	85% / 93%	85%	85%

Performance Measurement Results

The first consumers were admitted and enrolled in PACT during FY 2000. Since the outcome measure takes effect one year after a consumer participates in the PACT program, data prior to FY 2002 are not available. An increasing number of clients who participate in PACT for one year have maintained community residence for the majority of twelve months. Similarly, satisfaction with services remains high, at 95 percent in FY 2003.

The Program of Assertive Community Treatment (PACT) reduced state psychiatric hospital admissions by 89 percent in FY 2003. In addition, PACT facilitated a reduction in homelessness among its participants from 61 percent to 7 percent in the first three years of operation. These data illustrate the effectiveness of PACT's innovative national model in helping citizens with serious mental illness achieve their goal of living successfully in the community.